## STATE OF HAWAII – INSURANCE DIVISION DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS P.O. BOX 3614 HONOLULU, HAWAII 96811-3614

## SERVICE CONTRACT PROVIDER'S (SCP) FINANCIAL RESPONSIBILITY STATEMENT

		is in compliance with the financial responsibility requirements			
	Name of Service Contract	Provider			
of Haw	aii Revised Statutes (HRS) se	ction 481X-4, u	nder one of the options checked	pelow:	
(1)			r a contractual liability insurance wing compliance with the sixty	policy. ( <b>Provide a copy of the</b> -day requirement in HRS section	
(2)	481X-4(2) SCP shall:				
			(For in-force contracts):		
		leration received	l:		
	Less: claims				
	Equals net re				
	Times 40%:		<u>x 0.40</u>		
	Equals Funded Reserve required:  (Provide a copy of the SCP's most recent statement from the financial institution that				
		unde d Reserve) AN		me mianciai nistitution that	
		curity deposit h	aving a value that is the greater or claims paid]. ( <b>Provide a worksho</b>		
	Provide the	SCP's Security	y Deposit document reference r	number	
(3)		et worth or stock			
	` ,	nd Exchange C ar.	s Parent's most recent Form 16 commission or audited financial		
	parent company,	the parent comp	uirement under this paragraph is	bligations under service contracts	
-	brief description is provided fred officers must sign below.	or each option a	bove. For complete details see F	IRS section 481X-4. Two	
Signatu	re (officer/owner)	Date	Signature (officer/owner)	Date	
Name (	print)	_	Name (print)		
		Date		Date	

Title

Title